



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: WILLIAMS EYE SURGERY CENTER

Street Address: 6850 Hohman Ave

City: Hammond

County: Indiana

Administrator Name:

Administrator Email: jball@williamseye.com

ASC Web Address: www.williamseye.com

Fiscal Year: 2021

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	2602	3009
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1753	
66821	402	
66999	384	
66982	278	
65855	136	
0191T	37	
66761	14	
67031	10	
67010	8	
66850	4	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
--	---